

Name
in
Full

Marian, E. Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Pendleton* Town *D D* County *MARYLAND*
Date of death 19*90* Month *Mar* Day *27* Age *—* Months *8* Days *—*
Sex *Female* Color or Race *Black* Birth-place *Md*
Occupation *—* Where Residing if not at place of death *—*

~~Married, Single~~
~~or Widowed~~

Name of Wife or Husband *—*

Father's Name

James O Adams

Father's Birthplace

Va

Mother's Maiden Name

Sarah E Elliot

Mother's Birthplace

Md

Name of person giving Information

James O Adams

How related to deceased

Father

CAUSES OF DEATH

Primary

Bronchial Pneumonia

How long

3 weeks

Immediate

Exhaustion

How long

one day

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

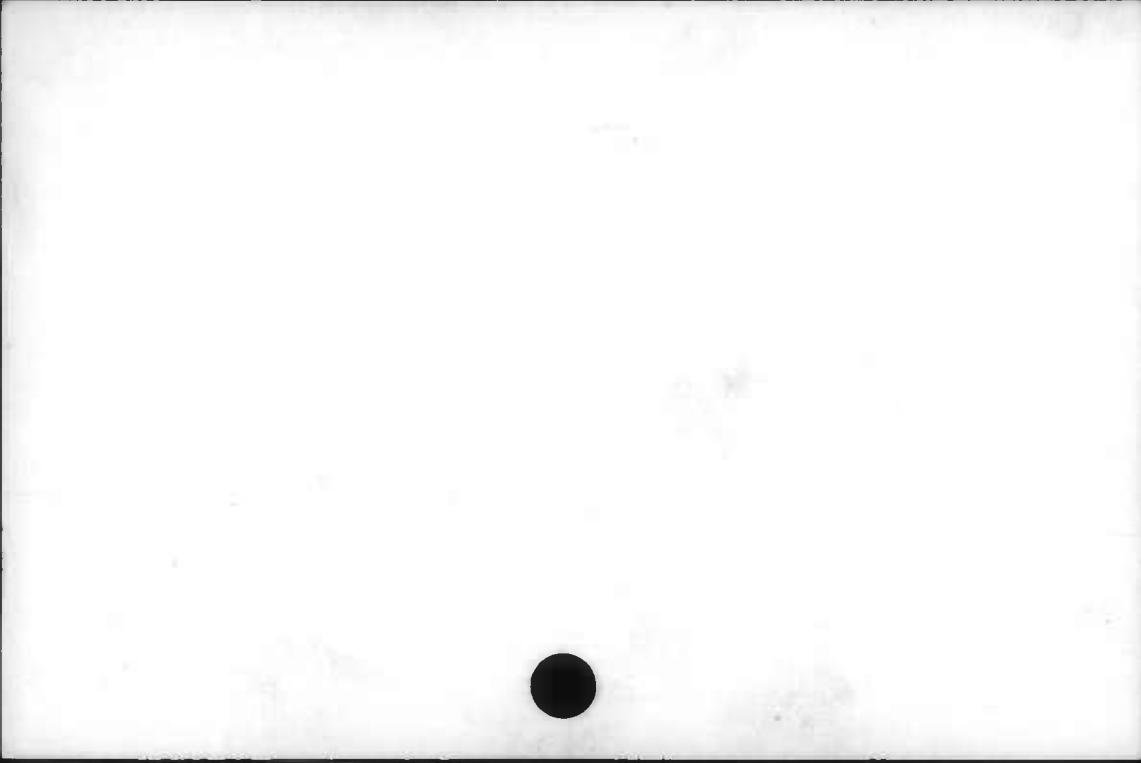
Arthur E Sanders M.D.

Address

*Health Officer
D D Co*

PHYSICIAN
OR CORONER

~~Accident or Suicide~~



Name
in
Full

William H. Bales.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Carmichael ^{County} D.A. Co.,

Date of death 1900 ^{Month} 3 ^{Day} 25th Age ^{Years} 62 ^{Months} ^{Days}

Sex Male Color or Race Col. Birth-place Leesburg, Va.

Occupation School Teaching Where Residing if not at place of death Dail Hutchens

Married, ~~Single~~ or Widowed Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Mother's Birthplace

Name of person giving Information Dail Hutchens How related to deceased not at all.

CAUSES OF DEATH

(64) ✓

Primary Paralysis How long 48 hours

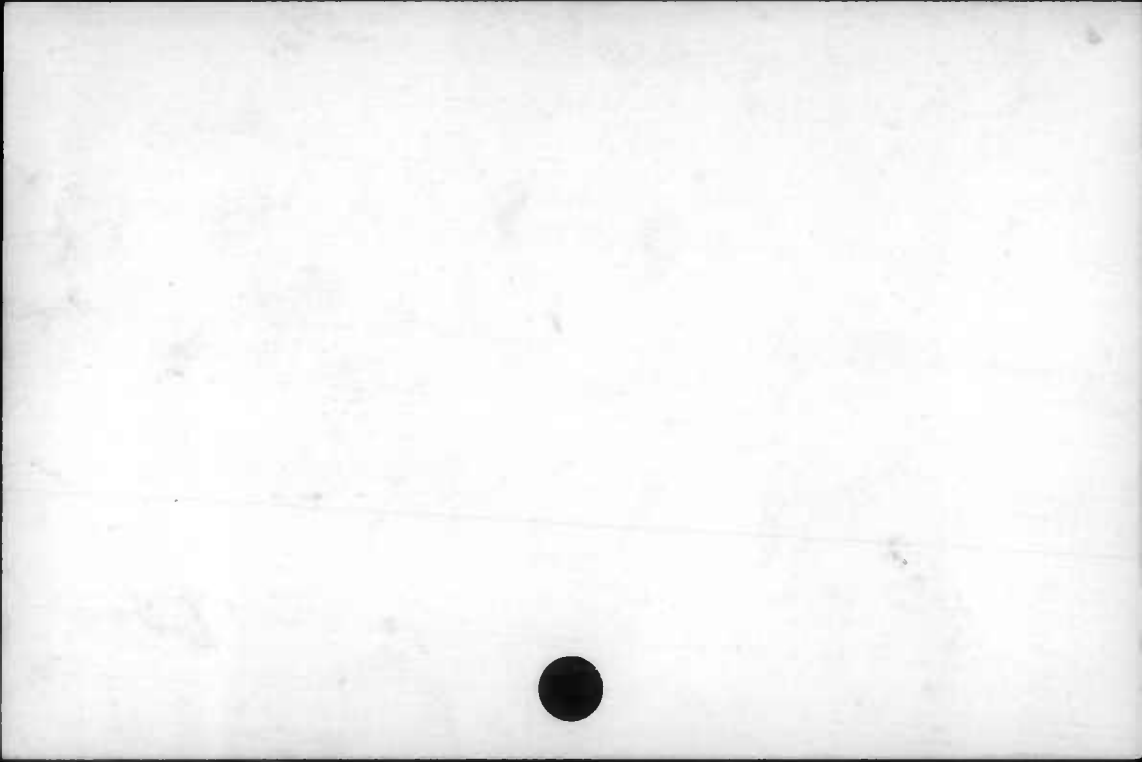
Immediate Cardiac failure How long One hour.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. W. Chaires

Address Greentown Ind

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Delia A. Boyer

Town

County

MARYLAND

Died at *Blanco*

Queen Anne's

Date

of death

1900 Mar 11

Day

Age

Years

15

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Queen Anne's Co

Occupation

None

Where Residing if not
at place of death

At home

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Isaac Boyer

Father's
Birthplace

G. A. Co.

Mother's
Maiden Name

Rebecca Prior

Mother's
Birthplace

G. A. Co

Name of person giving
Information

Isaac Boyer

How related
to deceased

Son

CAUSES OF DEATH

Primary

Intussusception

How long

1 day

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. P. Towne

Address

Millington Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Blanco
del

Name
in
Full

Hilda L. Chance

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bordley Island		County 2 a		MARYLAND	
Date of death	1960	Month 3	Day 2	Age 9	Years	Months	Days
Sex	Female		Color or Race	White		Birthplace	2 a Co
Occupation	School girl		Where Residing if not at place of death		Bordley Island		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Josh. C. Chance, Jr					Father's Birthplace	2. a. Co
Mother's Maiden Name	Kathleen C. Melvin					Mother's Birthplace	2. a. Co.
Name of person giving Information	Josh. C. Chance Jr					How related to deceased	Father.

CAUSES OF DEATH

Primary	Cerebro meningitis	How long	Eight days
Immediate	Cardiac failure	How long	Three hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R. H. Ford

Address

Queenstown, Md.

Accident or Suicide

PHYSICIAN
OR CORNER

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Mary Elizabeth Conger*
Town *West Price* County *Queen Anne's*

Died *March 26* 19*40* Age *27* Months *10* Days *8*

Sex *Female* Color or Race *Black* Birth-place *Ind.*

Occupation *Housework* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Married* Name of Wife or Husband *Perry C. Conger*

Father's Name *Edward Laws* Father's Birthplace *Ind.*

Mother's Maiden Name *Mary Elizabeth Martin* Mother's Birthplace *Ind.*

Name of person giving Information *Perry C. Conger* How related to deceased *Husband*

CAUSES OF DEATH

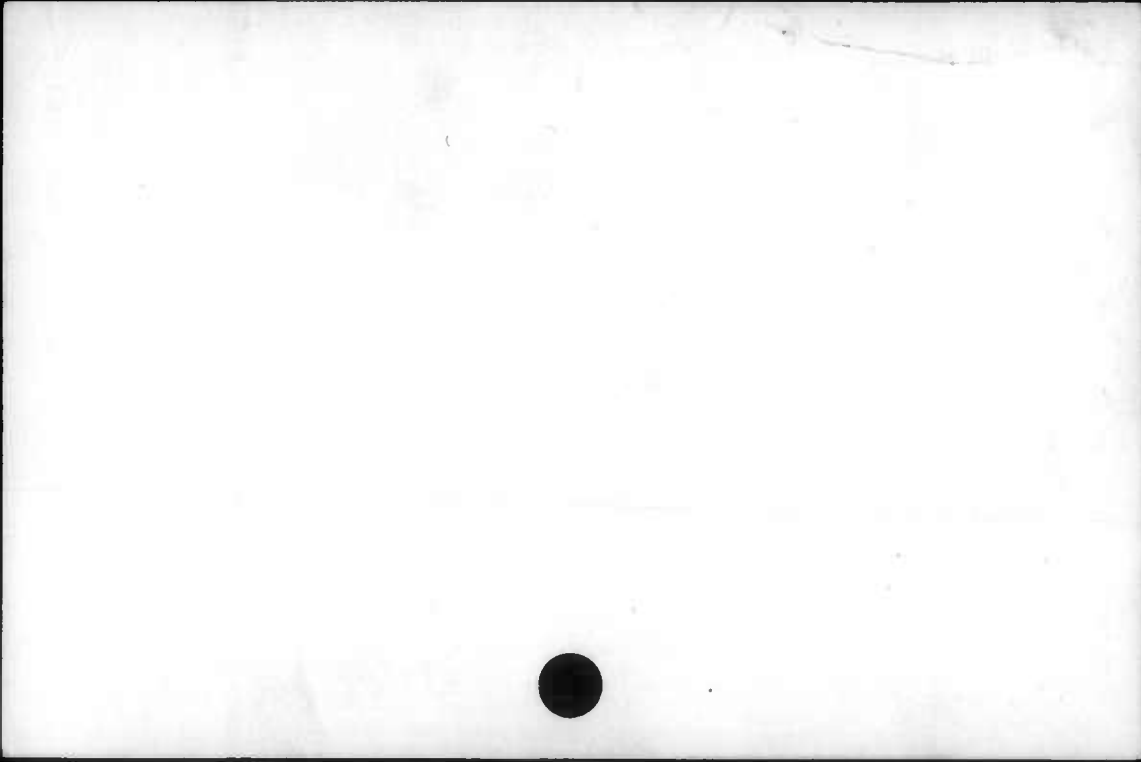
Primary *Pneumonia* ~~*tuberculosis*~~ *Cum* How long *8 days*

Immediate *Asthenia* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. G. C. C. C.*
Address *Chubb Hill Ind.*

Accident or Suicide



Name
in
Full

Hornaca Conyer

CERTIFICATE OF DEATH

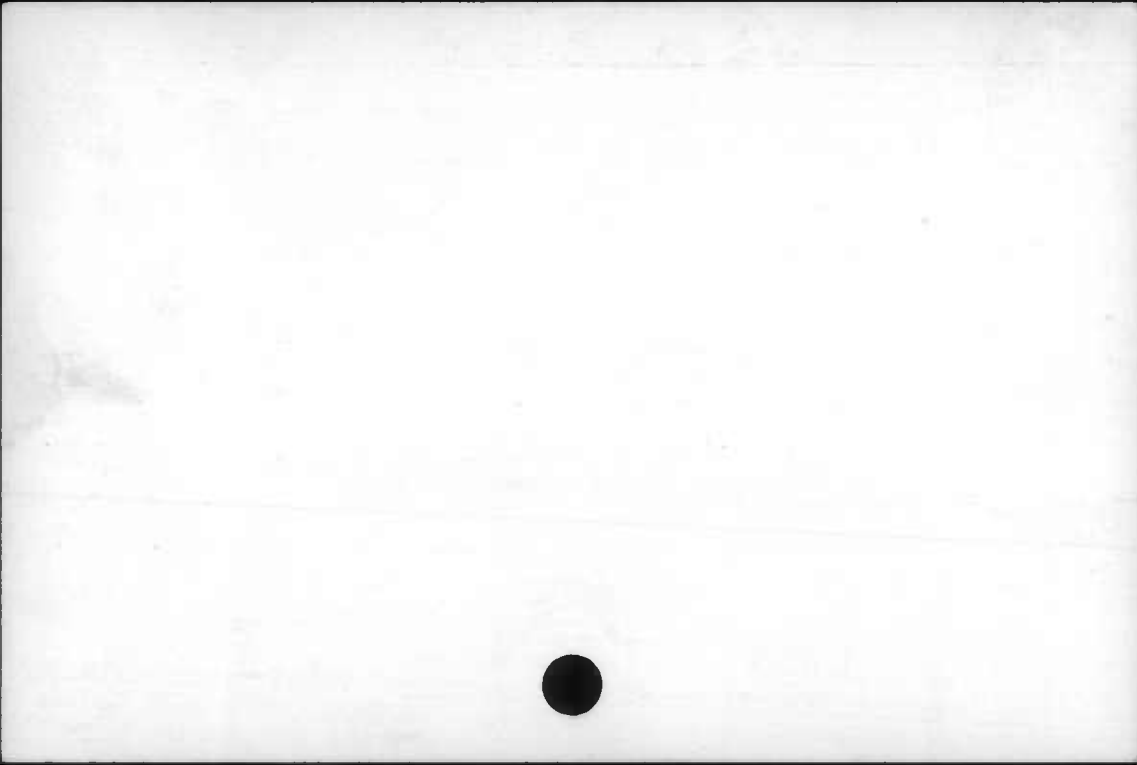
TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} near Winchester		^{County} R. A.		MARYLAND	
Date of death	1980	Month	March	Day	13
Age	1	Years		Months	4
Sex	male	Color or Race	Colored	Birth-place	near Winchester, Md.
Occupation			Where Residing if not at place of death	near Marshall	
Married, Single or Widowed	<input checked="" type="checkbox"/>		Name of Wife or Husband		
Father's Name	Geo. P. Conyer		Father's Birthplace	R. A. Co., Md.	
Mother's Maiden Name	Lizzy Williams		Mother's Birthplace	R. A. Co., Md.	
Name of person giving Information	Richard Williams		How related to deceased	uncle	

CAUSES OF DEATH

Primary	Nephritis	How long	Don't know
Immediate	Exhaustion	How long	Don't know
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. A. Ford
		Address	Queensstown, Md.
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Benjamin F. Corder

Town *Centerville* County *Queen Anne's* MARYLAND

Died at *Centerville*

Date of death *1980* Month *Mar* Day *5* Age *66* Months _____ Days _____

Sex *Male* Color or Race *White* Birth-place *Queen Anne's*

Occupation *Farmer* Where Residing if not at place of death *Centerville*

Married, Single or Widowed *Married* Name of Wife or Husband *Sarah F. Corder*

Father's Name *James Corder* Father's Birthplace *Queen Anne's*

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving Information *Benjamin H. Corder* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

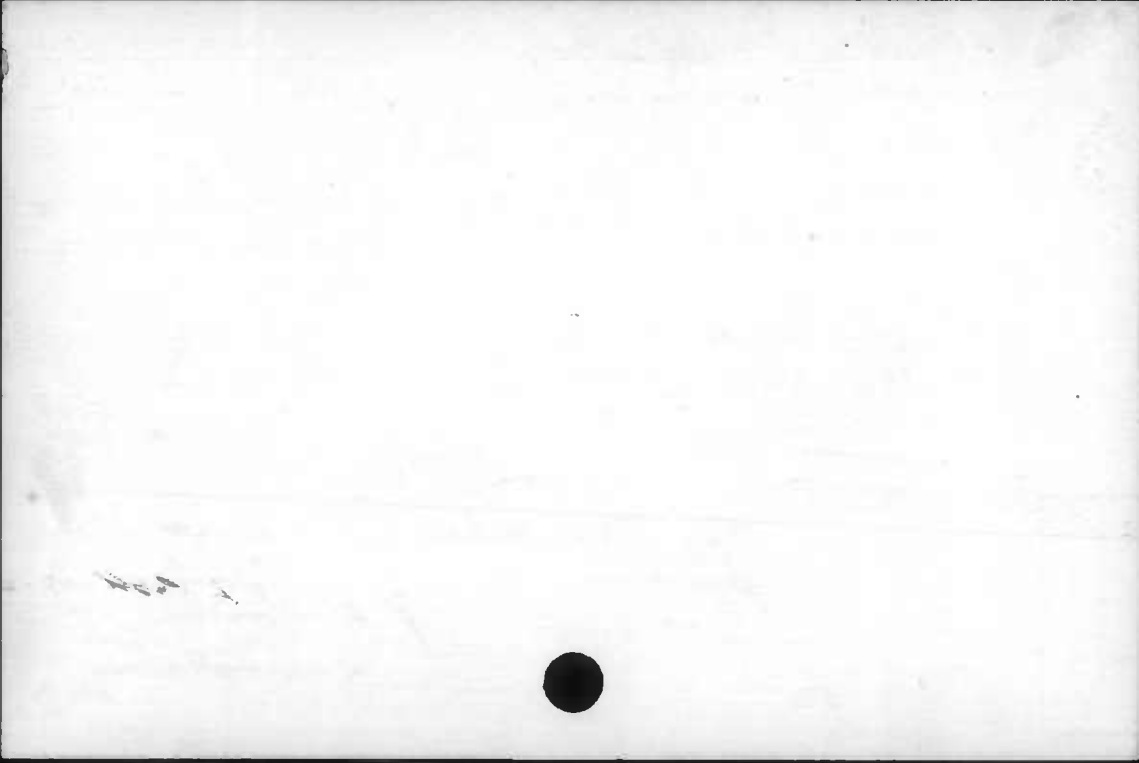
Primary *Tuberculosis* How long *4 or 5 yrs*

Immediate *Exhaustion* How long *2 or 3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *James H. Corder* Address *Centerville*

Accident or Suicide *No*



Name
in
Full

Chas. V. Carlett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Winchester		County 2-L-		MARYLAND	
Date of death		19	Month Mar.	Day 30	Age	Years	Months 5
Sex		Male		Color or Race		White	
Occupation				Where Residing if not at place of death		Winchester, Md.	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		John F. Carlett		Father's Birthplace		R.G. Co., Md.	
Mother's Maiden Name		Minnie E. Chesson		Mother's Birthplace		R.G. Co., Md.	
Name of person giving Information		John F. Carlett		How related to deceased		Father	

CAUSES OF DEATH

Primary	Measles	(6)	How long	Three weeks
Immediate	Exhaustion		How long	Six hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	R. H. Ford
			Address	2 New Street, Md.
Accident or Suicide				

PHYSICIAN
OR CORNER



Name
in
Full

Norman Hara

CERTIFICATE OF DEATH

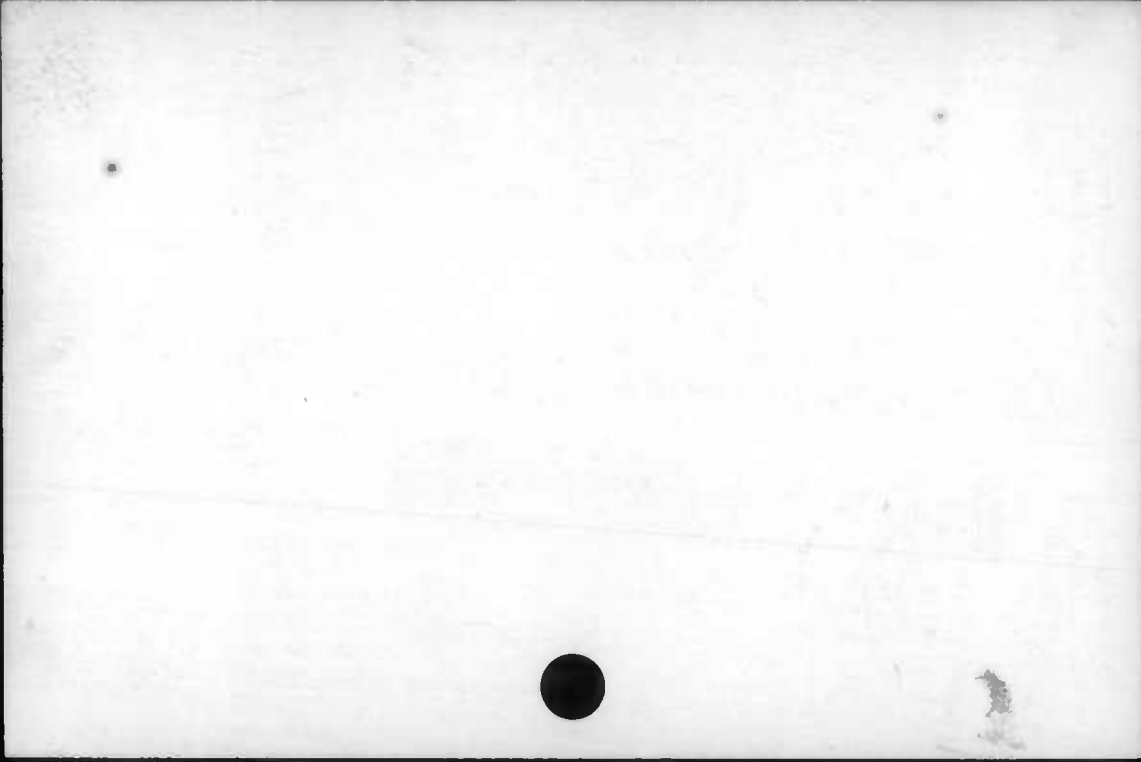
TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Queenstown* Town *2066* County *MARYLAND*
 Date of death *1900* Month *3* Day *13* Age *23* Years Months Days
 Sex *Male* Color or Race *black* Birth-place *2066*
 Occupation *relieved* Where Residing if not at place of death *near Queenstown*
 Married, Single or Widowed *Single* Name of Wife or Husband _____
 Father's Name *Leds Hara* Father's Birthplace *2066*
 Mother's Maiden Name *Maggie Walker* Mother's Birthplace *Virginia*
 Name of person giving Information *Leds Hara* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tubercular osteitis* How long *Don't know*
 Immediate *Exhaustion* How long *Don't know*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *P. H. Ford*
 Address *Queenstown Md.*
 Accident or Suicide



Name
in
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

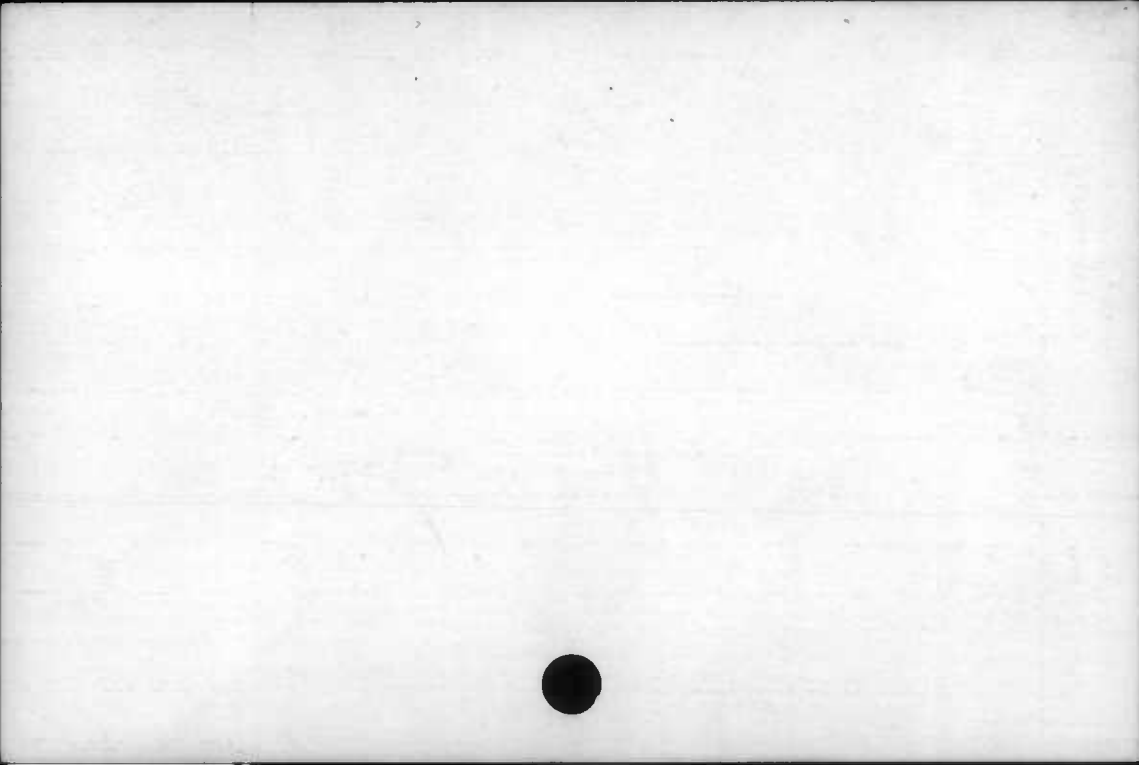
Name <i>Elizabeth Harris</i>		Town <i>Centerville</i>		County <i>Townsend</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1900</i>		Age <i>120</i>		Months <i>5</i> Days <i>16</i>	
Sex <i>girl</i>		Color or Race <i>colored</i>		Birthplace <i>Centerville</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Centerville</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Vincent Harris</i>		Father's Birthplace <i>Townsend</i>					
Mother's Maiden Name <i>Eliza Taylor</i>		Mother's Birthplace <i>Church Hills</i>					
Name of person giving information <i>Sarah Taylor</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<i>Whooping cough</i>	How long	<i>one month</i>
Immediate	<i>"</i>	How long	<i>short</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Laura E. Beggs</i>	
		Address <i>Centerville Md</i>	
Accident or Suicide?			



Name
in
Full

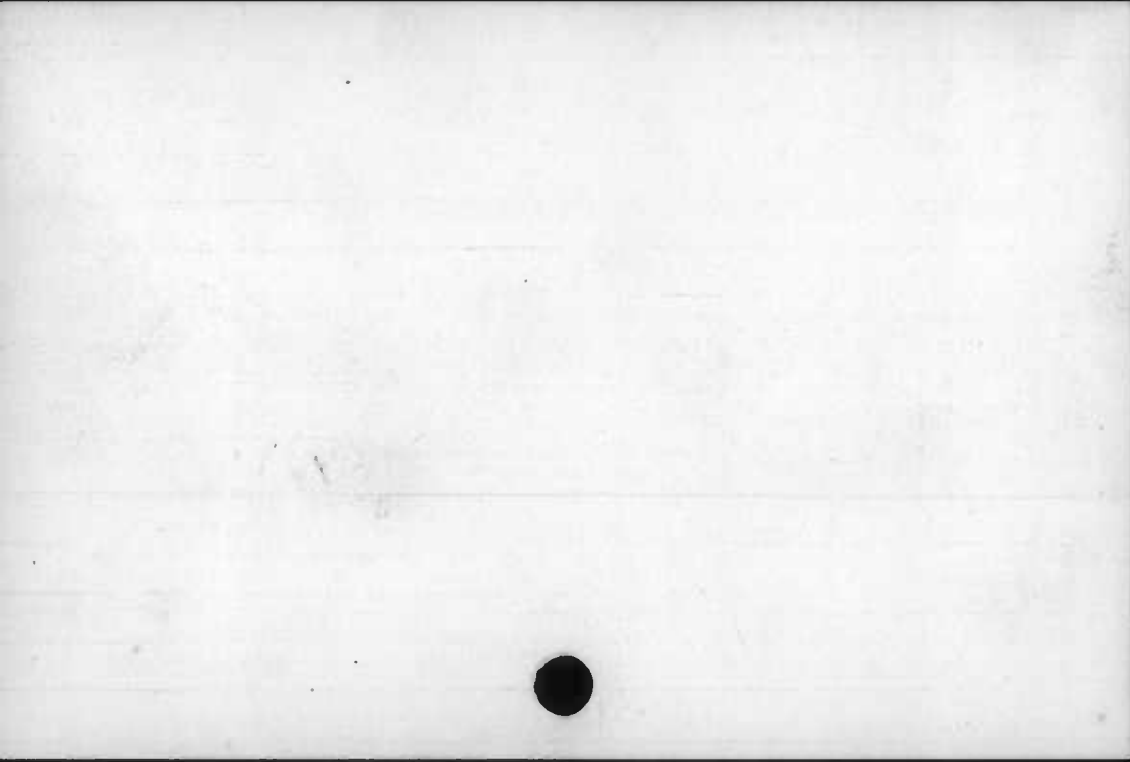
Edwin R. Hobbs

CERTIFICATE OF DEATH

Died at <u>Centerville</u> Town		<u>Queen Anne's</u> County		MARYLAND	
Date of death	<u>1910</u>	Month	<u>March</u>	Day	<u>Sept. 19</u>
Age		<u>66</u>	Years	Months	<u>2</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Queen Anne's Co.</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>Centerville</u>		
Married, Single or Widowed	<u>Widower</u>	Name of Wife or Husband	<u>Susana Hobbs</u>		
Father's Name	<u>William Alexander Gason Hobbs</u>			Father's Birthplace	<u>Kent Point, Md</u>
Mother's Maiden Name	<u>Amie E. Ringgold</u>			Mother's Birthplace	<u>Queen Anne's Co. Md</u>
Name of person giving information	<u>W. A. G. Hobbs</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Arterio-Sclerosis</u>	How long	<u>6 or 7 yrs</u>
	Immediate	<u>Cardiac Paralysis</u>	How long	<u>3 hours</u>
	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
	Signature of Physician		<u>[Signature]</u>	
Address		<u>Centerville</u>		
Accident or Suicide?		<u>no</u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

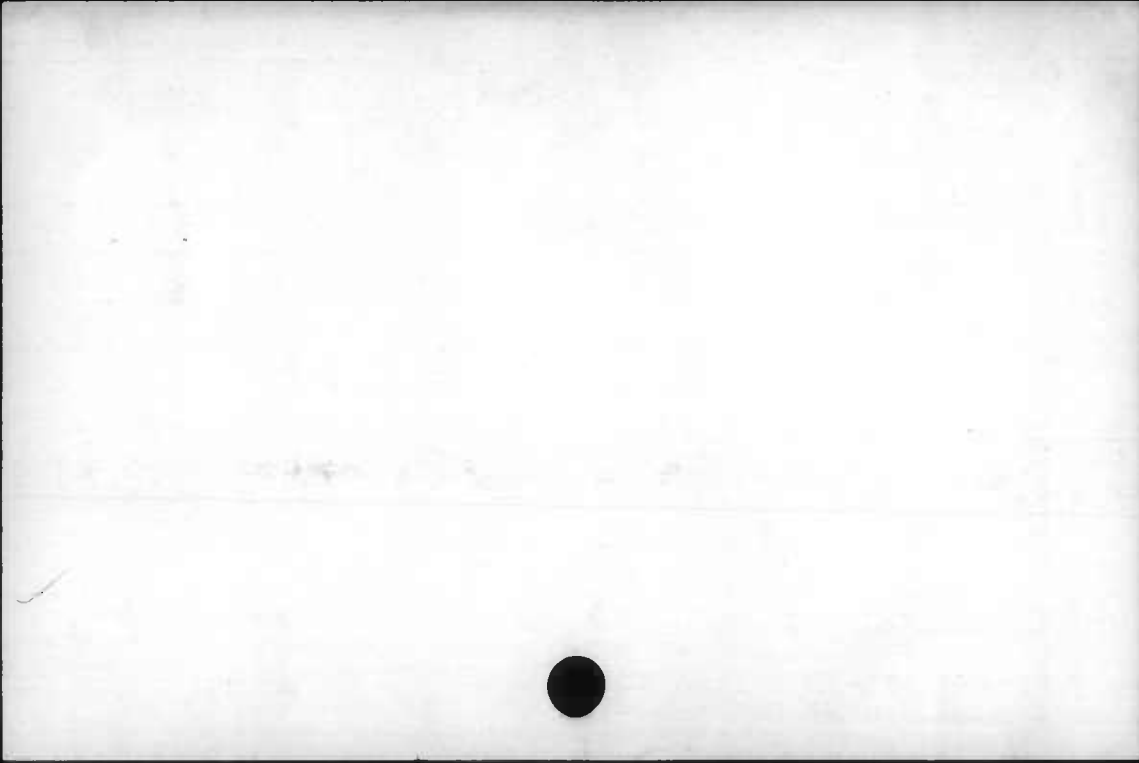
Died at <i>Chester</i>		Town <i>Chester</i>		County <i>D. A.</i>		State <i>MARYLAND</i>	
Date of death <i>1960</i>	Month <i>Mar.</i>	Day <i>17</i>	Age <i>27</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birthplace <i>Kent Island</i>					
Occupation <i>housewife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband						
Father's Name <i>John M. Dunn</i>	Father's Birthplace <i>Kent I.</i>						
Mother's Maiden Name <i>Lena Johnson</i>	Mother's Birthplace <i>" "</i>						
Name of person giving Information <i>John M. Dunn</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

27 ✓

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>1 yr</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. C. Thomas, Jr. Sub. Reg.</i>
	Address <i>Stearnsville Md.</i>
Accident or Suicide <i>no</i>	<i>No Physician in attendance</i>



Name
in
Full

CERTIFICATE OF DEATH

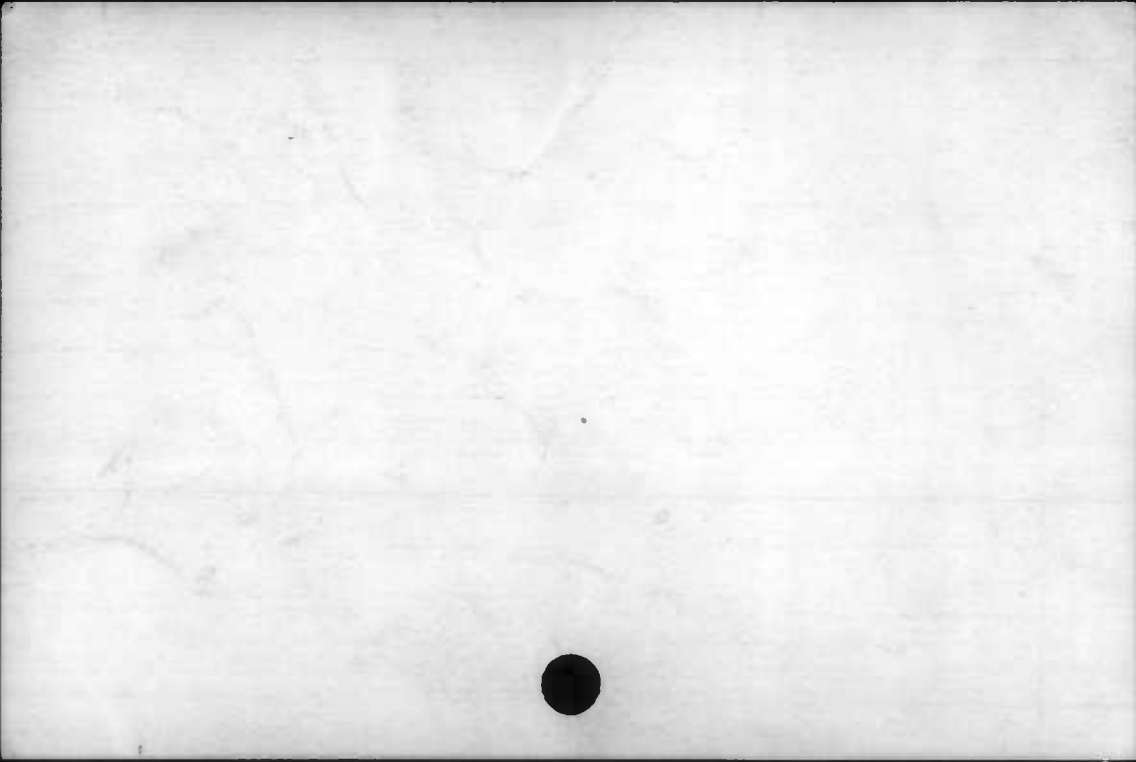
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Josephine Jewell</i> Town			<i>D.A.</i> County		MARYLAND	
Date of death <i>1990</i>		Month <i>March</i>	Day <i>1</i>	Age <i>10</i>	Months <i>2</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Island, Md.</i>		
Occupation <i>None</i>				Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
Father's Name <i>Geo. Jewell</i>		Father's Birthplace <i>Kent County</i>				
Mother's Maiden Name <i>Cora Tolson</i>		Mother's Birthplace <i>Kent Island</i>				
Name of person giving Information <i>Mr. Geo. Ross</i>		How related to deceased <i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>92</i> How long <i>6 hours</i>
Immediate <i>Heart-failure</i>	How long <i>half hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Ford</i>
	Address <i>Queenstown - Md.</i>
<input checked="" type="checkbox"/> Accident or Suicide	



Name
in
Full

Anne E. Minner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Willoughby		County Linnane		MARYLAND	
Date of death		Month 1900	Day 3	Age 21	Years 5	Months 6	Days
Sex Female		Color or Race White		Birth-place Md			
Occupation Housework		Where Residing if not at place of death Willoughby					
Married, Single or Widowed Single		Name of Wife or Husband Single					
Father's Name Thos. Minner		Father's Birthplace Kent Co. Del.					
Mother's Maiden Name Martha E. Calloway		Mother's Birthplace Md.					
Name of person giving Information Thos. Minner		How related to deceased Father					

CAUSES OF DEATH

Primary	Confinement - Puerperal Fever	How long	8 days
Immediate	Puerperal Convulsion	How long	6 hours

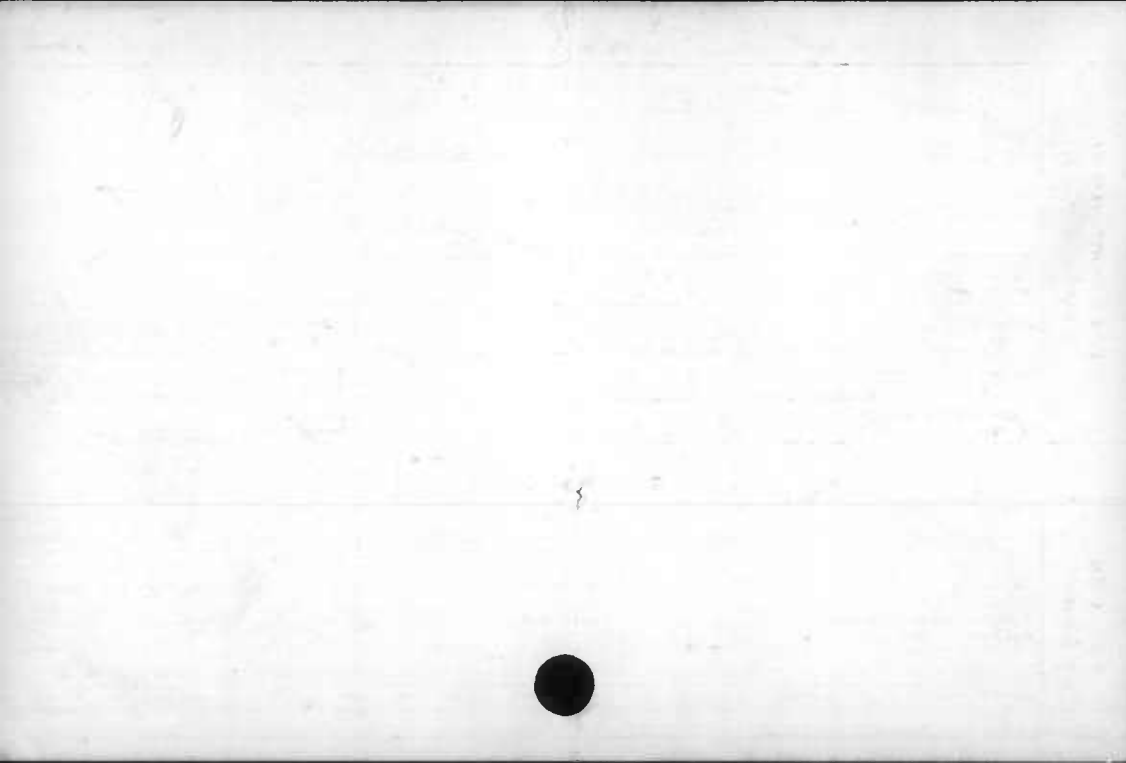
Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician

Address

J. O. Slack M.D.,
Wye Mills
M.D.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

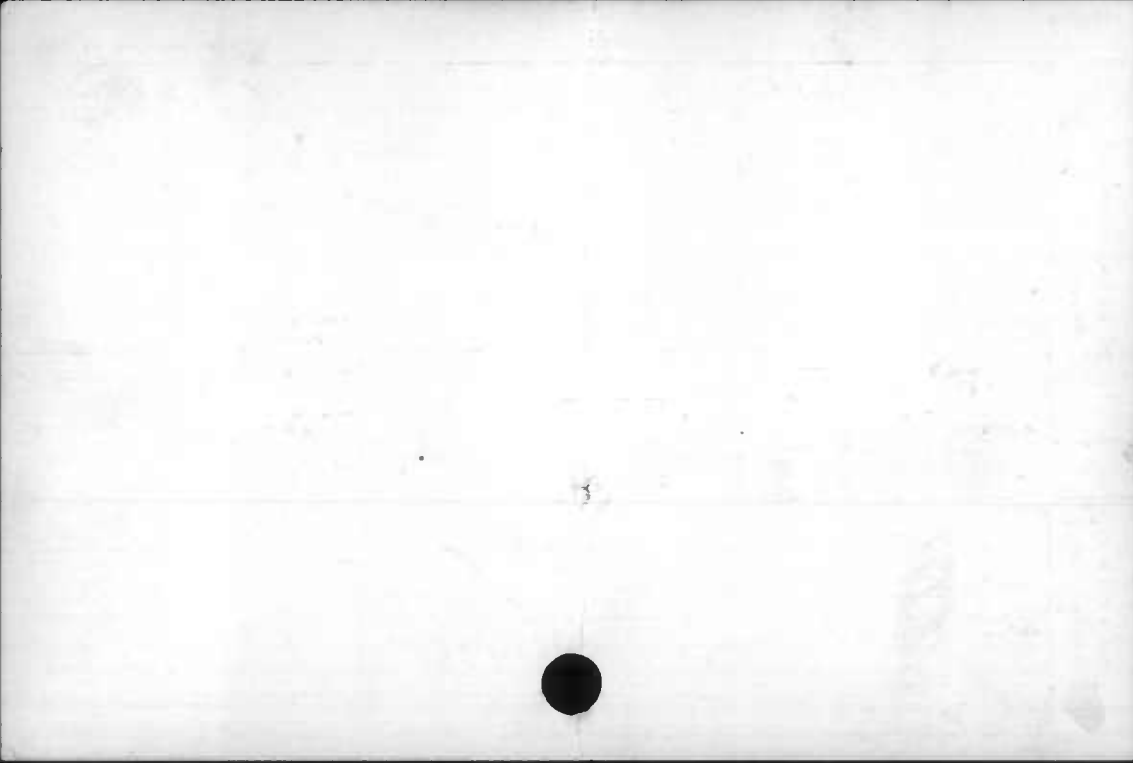
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Willoughby</i> ^{Town}		<i>Lucerne</i> ^{County}		MARYLAND	
Date of death	<i>1900</i>	Month <i>3</i>	Day <i>15</i>	Age <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Willoughby</i>		
Occupation <i>Child</i>			Where Residing if not at place of death <i>Willoughby</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Edith</i>			
Father's Name <i>Mat. Faulkner</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Annie E. Mimmer</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving Information <i>Thos Mimmer</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

Primary <i>Suppocative</i>	How long <i>Immediate</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Stack M.D.</i>
	Address <i>Wye Mills Md</i>
Accident or Suicide <i>Accident</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Not named (MOORE)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near ^{Town} Centerville		^{County} A. G.		MARYLAND	
Date of death 1900	Month March	Day 11	Years	Months	Days
Age Born dead					
Sex Male	Color or Race White		Birth-place near Centerville		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name Noah Moore			Father's Birthplace Kent Co., Del.		
Mother's Maiden Name Carrie Ward			Mother's Birthplace England		
Name of person giving Information Noah Moore			How related to deceased Father		



CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Don't know	How long	Don't know
Immediate	Don't know	How long	Don't know
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. H. Ford
		Address	Queens town, Md.
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

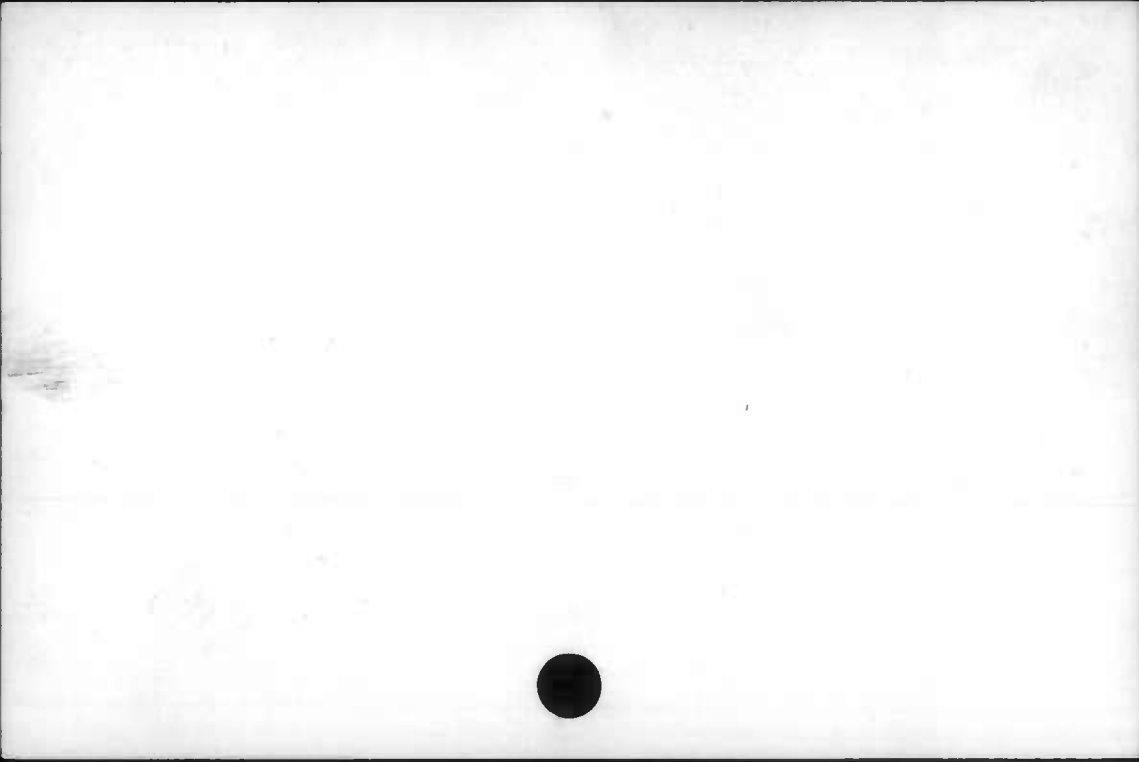
MARYLAND

Name *Mary Amanda Parson* Town *Church Hill* County *Queen Anne*
 Died at *Church Hill*
 Date of death *1940 March 18* Age *35* Years *11* Months *34* Days *Ind*
 Sex *Female* Color or Race *White* Birthplace *Queen Anne's*
 Occupation *Housewife* Where Residing if not at place of death *at place of death*
 Married, Single or Widowed *Married* Name of Wife or Husband *Enoch Parson*
 Father's Name *Jayus Reed* Father's Birthplace *E. & C. Ind*
 Mother's Maiden Name *Jennie Anderson* Mother's Birthplace *E. & C. Ind*
 Name of person giving Information *Enoch Parson* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *8 days*
 Immediate *Arterial F. Heart* How long *2 days*
 Are the name, age, sex, color, date and place correctly given above? *ye*
 Signature of Physician *F. G. C. Oppoge M.D.*
 Address *Church Hill*
Ind.
 Accident or Suicide ☐



Name
in
Full

Glady's Prath

CERTIFICATE OF DEATH

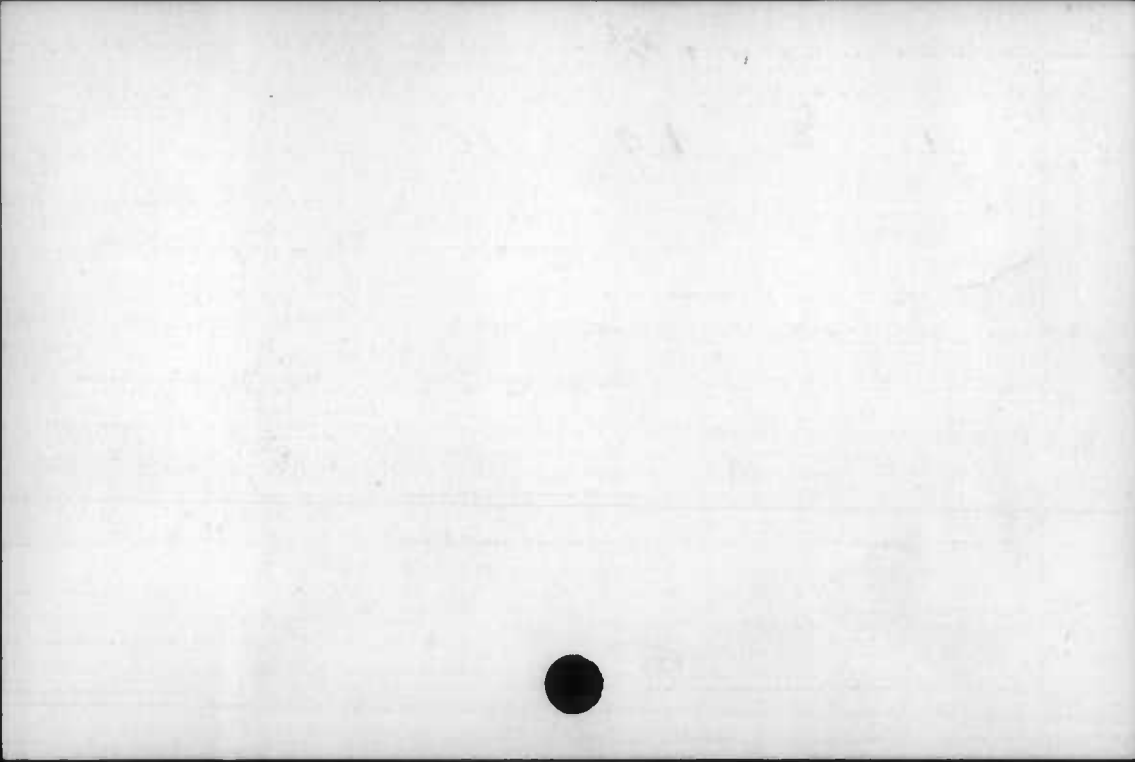
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Haydens</i>		Town <i>Queen Anne</i>		County <i>Anne</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>3</i>	Day <i>19</i>	Age <i>16</i>	Months <i>9</i>	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>White American</i>		Birth-place <i>Queen Anne Co.</i>				
Occupation <i>School Girl</i>		Where Residing if not at place of death <i>near Haydens</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Thos. L. Prath</i>				Father's Birthplace <i>Queen Anne Co. Md.</i>			
Mother's Maiden Name <i>Jellie Marshall</i>				Mother's Birthplace <i>Queen Anne Co. Md.</i>			
Name of person giving information <i>Thos. L. Prath</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Ulceration Stomach</i>	How long	<i>6 weeks</i>
Immediate	<i>Aspiration</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>[Signature]</i>	
		Address <i>Beaufort Md.</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

Charles H. Reese

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

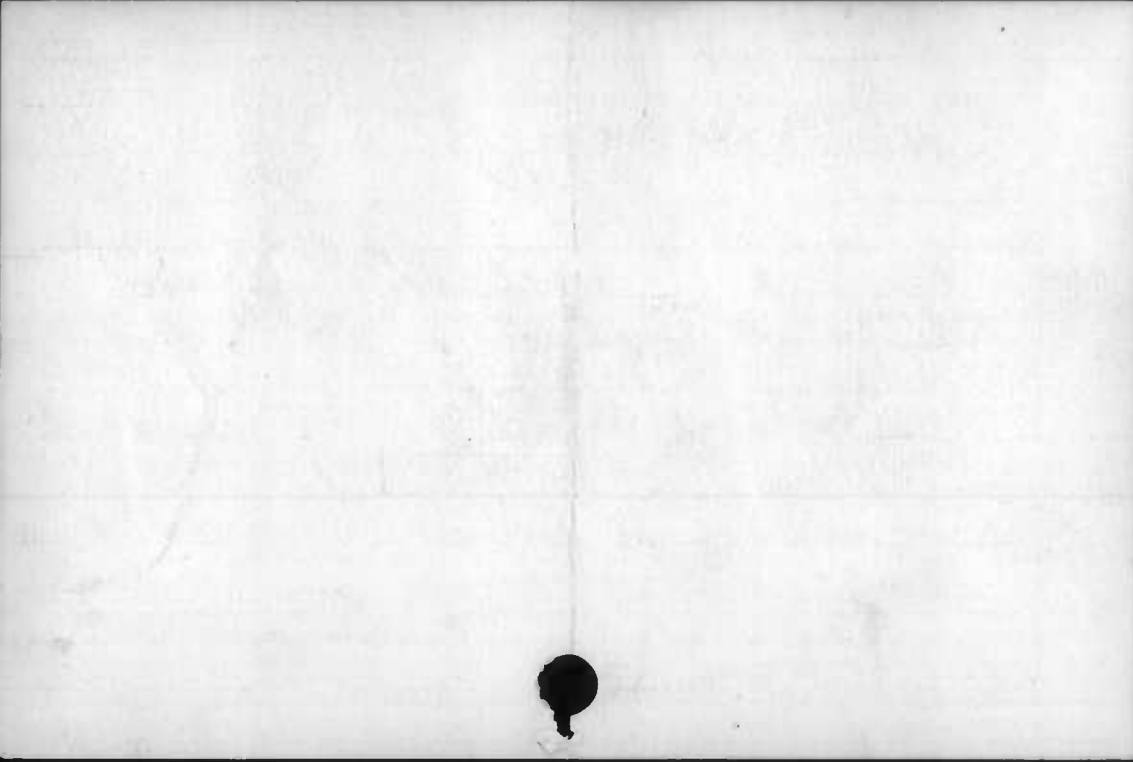
Died at <u>Drylands</u> Town		<u>Duenn</u> County		MARYLAND	
Date of death	19 <u>00</u> Month <u>3</u> Day <u>11</u>	Age	<u>68</u> Years	<u>6</u> Months	<u> </u> Days
Sex	<u>male</u>	Color or Race	<u>colored</u>	Birth-place	<u>ind.</u>
Occupation	<u>Farmer</u>	Where Residing if not at place of death <u>at place death.</u>			
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Mary E. Reese.</u>		
Father's Name	<u>Unknown.</u>	Father's Birthplace	<u>ind.</u>		
Mother's Maiden Name	<u>Unknown.</u>	Mother's Birthplace	<u>ind.</u>		
Name of person giving information	<u>Therman Bowser</u>	How related to deceased	<u>Stinson</u>		

CAUSES OF DEATH

Hit on the head with the barrel of a shot gun by Charles Berry

Primary	<u>Fracture of skull.</u>	How long	<u>Twenty four hours</u>
Immediate	<u>Cerebral hemorrhage</u>	How long	<u>Eighteen hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>Wm A. Bowser M.D.</u>	
The above were given by self if deceased		Address	
<u>Yes.</u>		<u>Drylands</u>	
Accident or suicide?		<u>ind.</u>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death

1960

Month

March

Day

9

Age

Years

33

Months

3

Days

18

Sex

Female

Color or
Race

Black

Birth
place

D.C. Md

Occupation

Housework

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Wilbert Seenev

Father's
Name

Stephen H. Teah

Father's
Birthplace

Md.

Mother's
Maiden Name

Hannah Goldsboro

Mother's
Birthplace

Md.

Name of person giving
Information

Wilbert Seenev

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Cirrhosis of the Liver

How long

10 months

Immediate

dropsy and asthenia

How long

8 months

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. G. Coopers

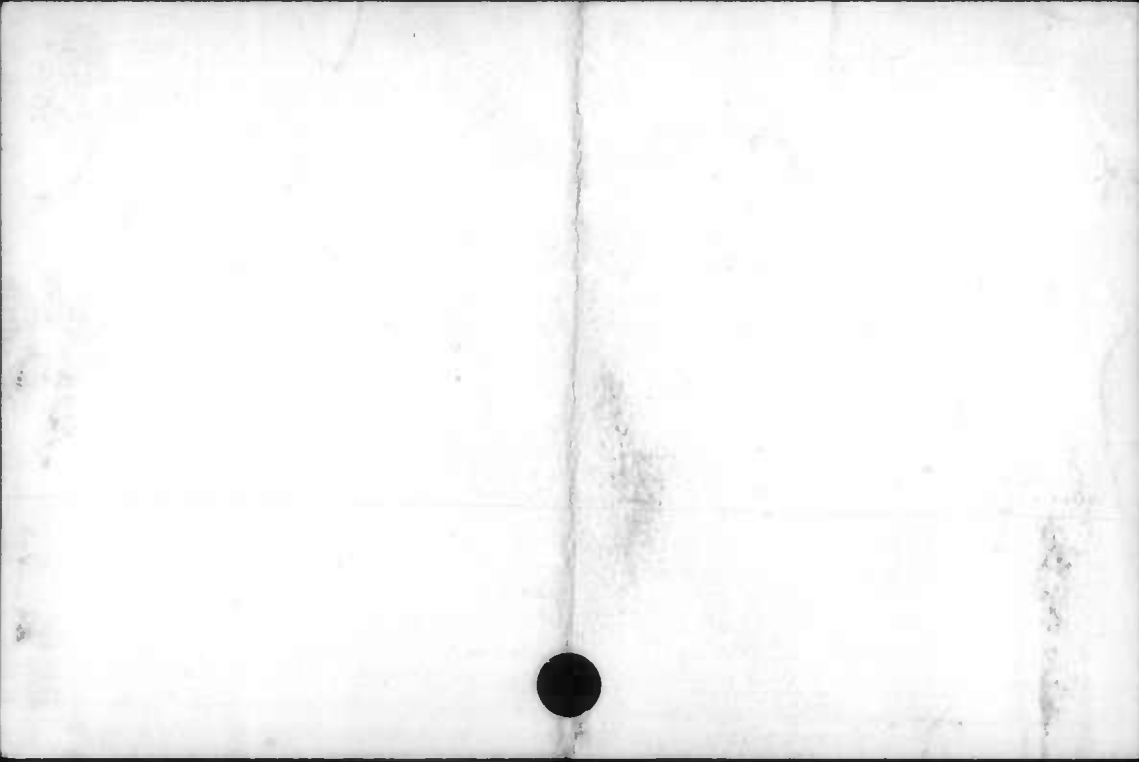
Address

Church Hill

Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Rosalie Ann Taylor

CERTIFICATE OF DEATH

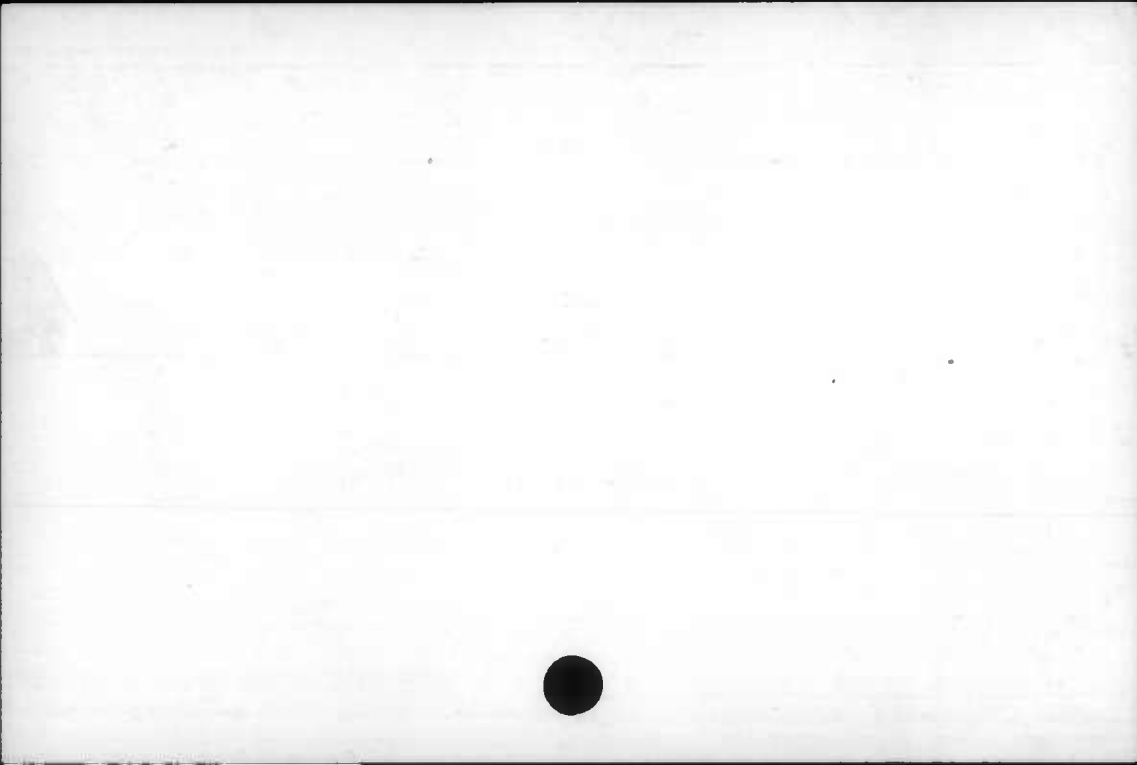
TO BE ANSWERED BY
NEAREST FRIEND

Died at Queenstown ^{Town} Queen Anne ^{County} **MARYLAND**
 Date of death 1900 ^{Month} March ^{Day} 29 ^{Years} 4 ^{Months} ^{Days}
 Sex Female Color or Race White Birth-place Beth Md
 Occupation Where Residing if not at place of death Queenstown
 Married, Single or Widowed Name of Wife or Husband
 Father's Name Geo. W. Taylor Father's Birthplace Pinkton, Wicomico Md.
 Mother's Maiden Name Grace E. Aker Mother's Birthplace Queenstown, Md.
 Name of person giving Information Mrs. Grace Aker How related to deceased mother

CAUSES OF DEATH

Primary Inherited Cerebro-spinal Neurosis How long Evident 9 days
 Immediate Inhibition of Heart Center How long Two hours
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Rowland H. Ford
 Address Queenstown, Md.
 Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

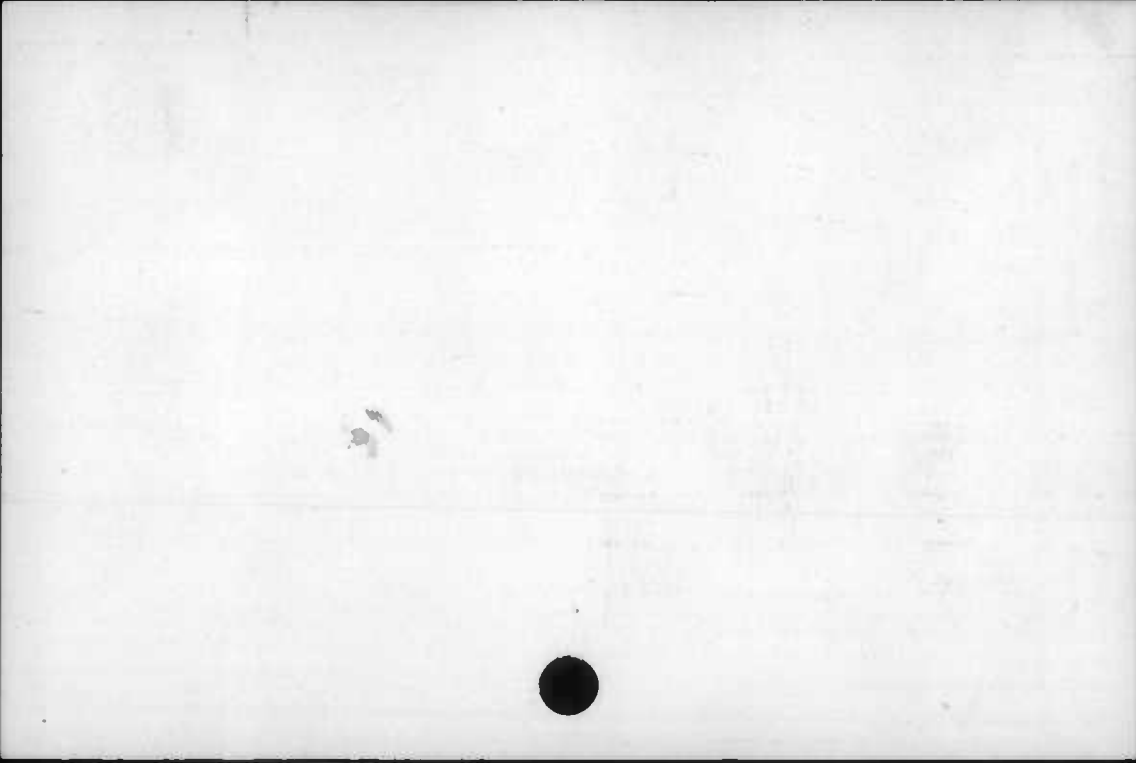
Died at <i>Centerville</i> ^{Town}		<i>Thompson</i> ^{County}		MARYLAND	
Date of death 19 <i>10</i>	Month <i>3</i>	Day <i>24</i>	Age <i>1</i>	Years <i>1</i>	Months <i>3</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Centerville</i>		
Occupation <i>✓</i>			Where Residing if not at place of death <i>Centerville</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>Wm Thompson</i>			Father's Birthplace <i>Balto</i>		
Mother's Maiden Name <i>Martha Reed</i>			Mother's Birthplace <i>Centerville</i>		
Name of person giving information <i>Henrietta Reed</i>			How related to deceased <i>Grandmother</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Congenital Weakness</i>	How long <i>3 day.</i>
Immediate <i>Exhaustion</i>	How long <i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. F. Smith</i>
	Address <i>Centerville Md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <i>Pandora</i>		Town <i>Tiller</i>		County <i>D Anne Co.</i>		MARYLAND	
Date of death <i>1990</i>	Month <i>Mar</i>	Day <i>8</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Ind</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married , Single <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>George Tiller</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Anne Tiller</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving Information <i>George Tiller</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

Primary	<i>Stillborn</i>	How long <i>8</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Arthur E. Lander</i>
		Address <i>Health Officer</i>
Accident or Suicida		



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles, Irenaeus, Tracy
Died at Crumpton Town Crumpton County
Date of death 1940 March 23 Month Day Years
Age 18 Months 5 Days 23
Sex male Color or Race White Birth-place Crumpton
Occupation none ~~Where Residing if not at place of death~~
Married, Single or Widowed Single Name of Wife or Husband
Father's Name Charles B. Tracy Father's Birthplace Philadelphia Pa
Mother's Maiden Name Emma P. Harrison Mother's Birthplace Crumpton
Name of person giving Information Geo I Harrison How related to deceased Uncle

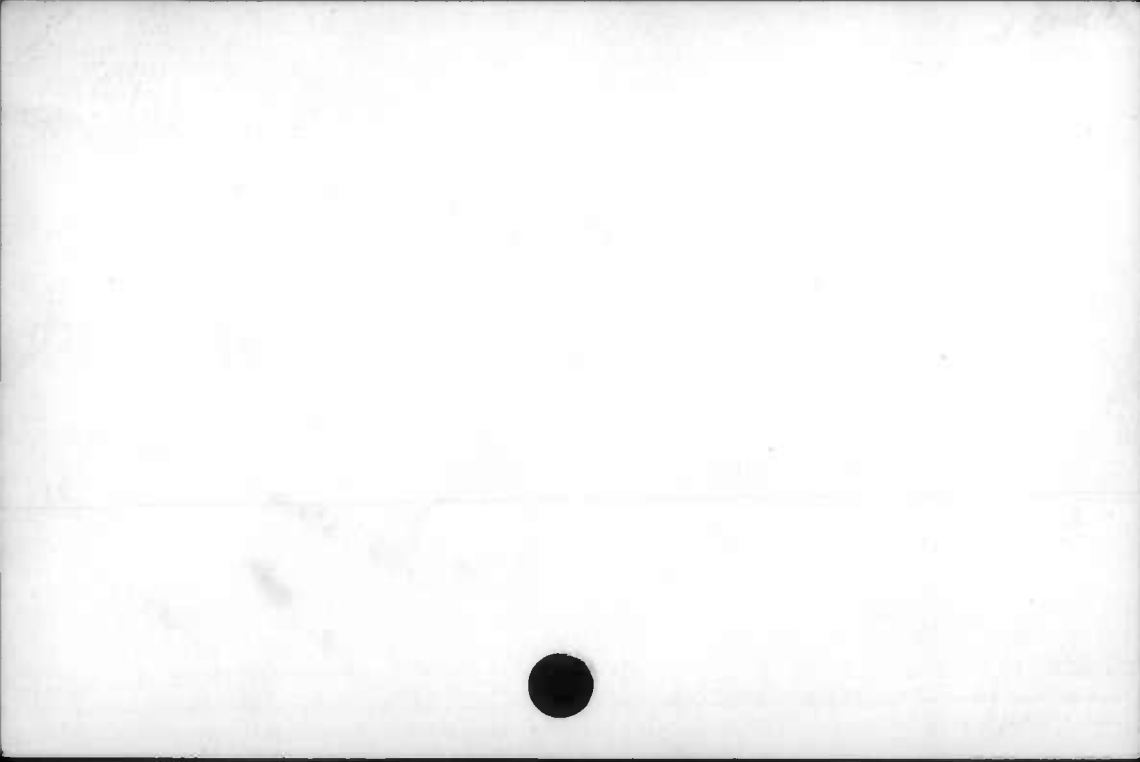
CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary Appendicitis
Immediate Toxemia
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Arthur E. Landers
Address Crumpton Md
How long 10 days
How long 10 days

~~Accident or Suicide~~



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harriet Ann Turner* Town *Winchester* County *L. A.*

Diad at *Winchester* *L. A.*

Date of death *1900* Month *Mar.* Day *30* Age *61* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Kent Island*

Occupation *house wife* Where Rasiding if not at place of death *Winchester*

Marriad, Single or Widowed *married* Name of Wifa or Husband *James H. Turner*

Fathar's Neme *Perry Honey* Fether's Birthplace *Kent I.*

Mother's Maiden Name *Eliza Ann Sheppard* Mother's Birthplace *" "*

Nama of parson giving Information *J. B. C. Turner* How related to deceased *Husband*

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

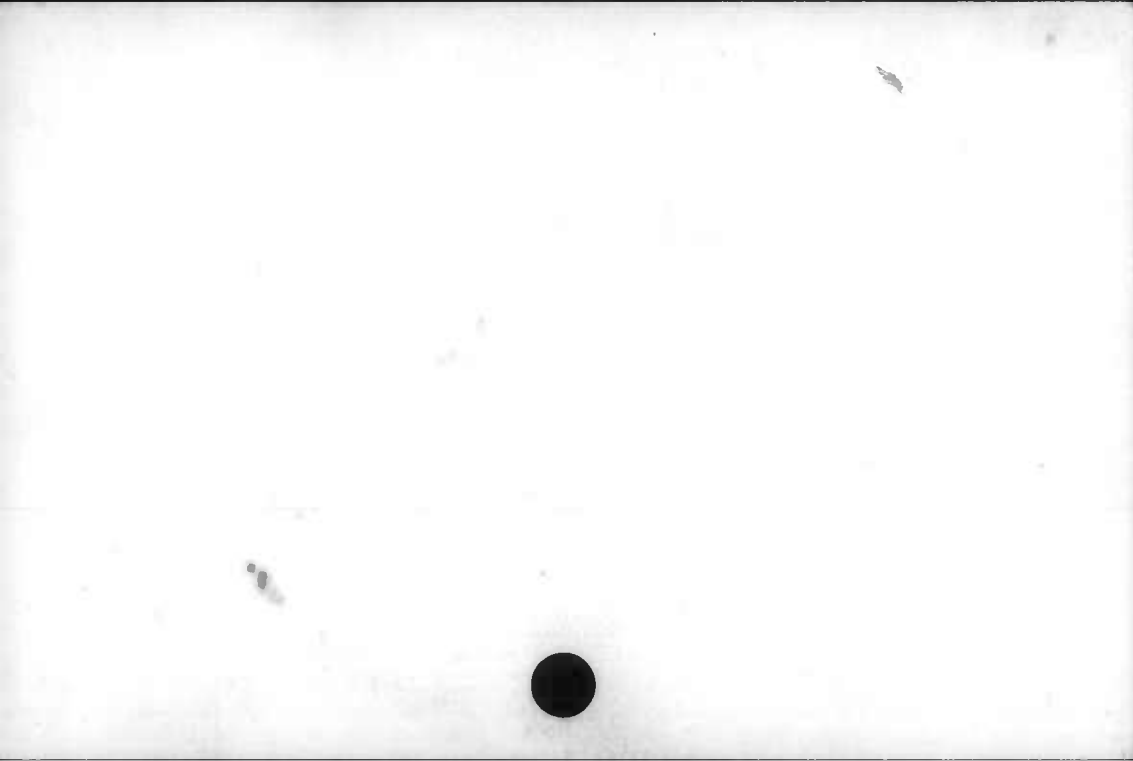
Primary *Brain Tumor* How long *four years*

Immadiata *convulsions & Paralysis* How long *three days*

Are the nama, age, sax, color, data and placa correctly given above? *yes*

Signature of Physician *Wm. J. Henry* Address *Steensville, Md.*

Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Martha G. Warner

Died at ^{Town} near Barclay ^{County} Queen Anne MARYLAND

Date of death 1900 3 12 Age 29 Months Days

Sex Female Color or Race Black Birth-place Md.

Occupation House-work Where Residing if not at place of death -

Married, Single or Widowed Name of Wife or Husband James Warner

Father's Name Lemuel Enders Father's Birthplace Md.

Mother's Maiden Name Fannie Johnson Mother's Birthplace Md.

Name of person giving information Caspar Newcomb How related to deceased Brother in law

CAUSES OF DEATH

27

Primary Pulmonary tuberculosis 6 weeks How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

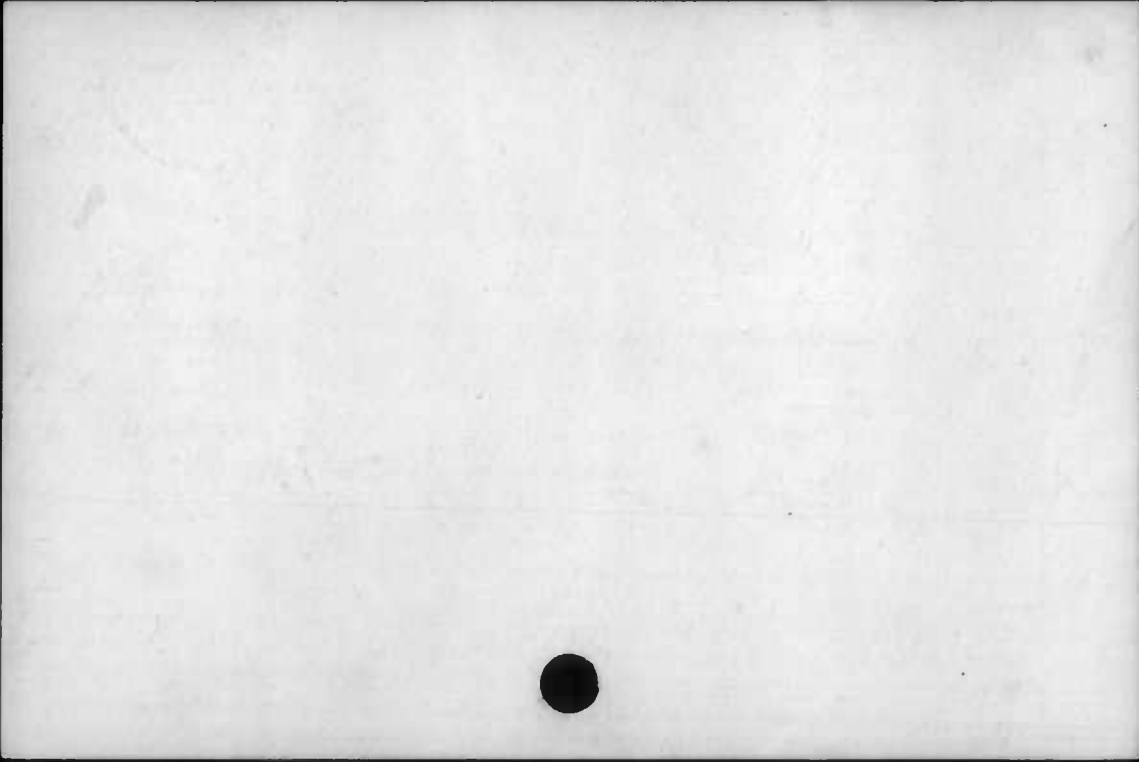
Yes

Signature of Physician

Address

J. P. Smith.
Lynchville Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ruthsburg</i>		Town <i>Green</i>		County <i>Annes.</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>Mar.</i>	Day <i>29</i>	Age <i>82</i>	Years	Months	Days	
Sex <i>Male.</i>	Color or Race <i>White</i>	Birth-place <i>Talbot Co</i>					
Occupation <i>House Carpenter</i>	Where Residing if not at place of death <i>Ruthsburg</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Syda Warner</i>						
Father's Name <i>James Warner</i>	Father's Birthplace <i>Talbot Co</i>						
Mother's Maiden Name <i>M. C. Calister</i>	Mother's Birthplace <i>Talbot Co</i>						
Name of person giving information <i>James B. Warner</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart Disease</i>	How long <i>1 year</i>
Immediate <i>Pneumonia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>E. F. Smith</i>
	Address <i>Centerville Md.</i>
Accident or Suicide? <i>No</i>	

Dawson

Name
in
Full

Sarah Wells

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *County Home* ^{County} *Queen Anne's* **MARYLAND**

Date of death *1940* ^{Month} *March* ^{Day} *10th* ^{Years} *63* ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Not known*

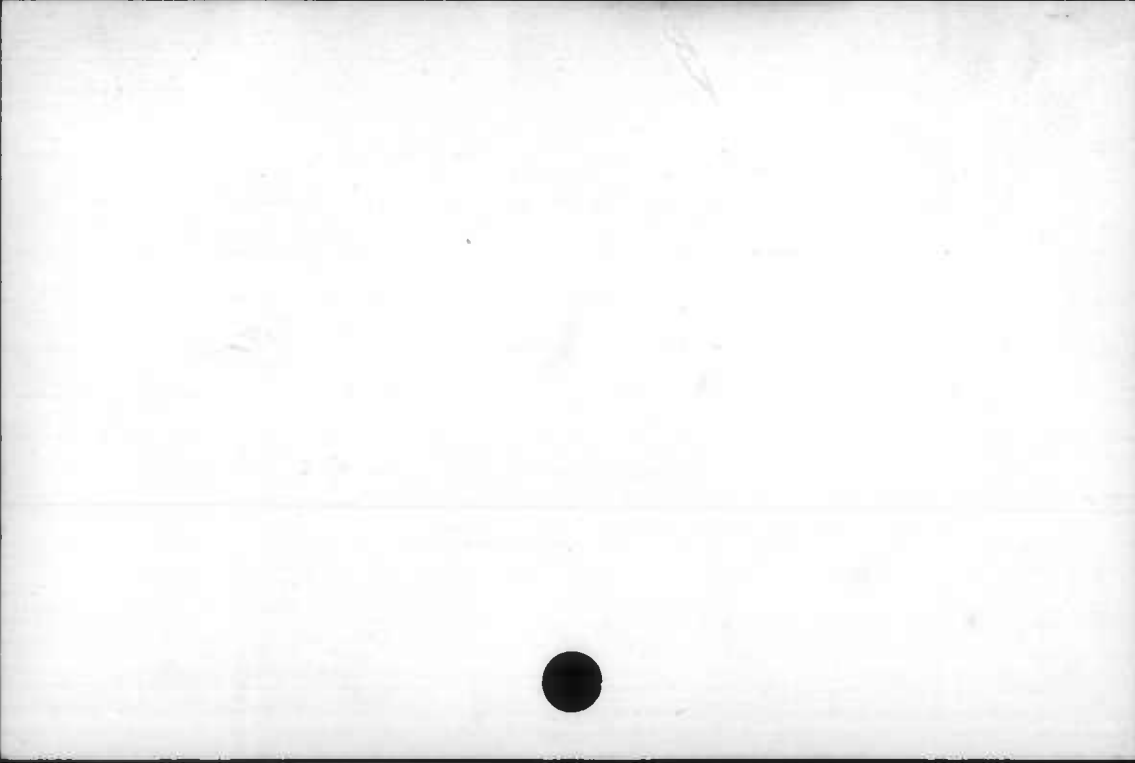
Occupation *None* Where Residing if not at place of death

~~Married, Single~~
~~or Widowed~~Name of Wife or
HusbandFather's Name *Not known*Father's Birthplace *Not known*Mother's Maiden Name *Not known*Mother's Birthplace *Not known*Name of person giving Information *W. H. Jester - Superintendent*How related to deceased *None*

CAUSES OF DEATH

91 ✓

PHYSICIAN
OR CORONERPrimary *Bronchitis*How long *One Week*Immediate *Bronchial Pneumonia*How long *Two Weeks*Are the name, age, sex, color, date and place correctly given above? *Yes as*Signature of Physician *Walter H. Farby**near as is known*Address *Centerville*Accident ~~Other~~*RR No 4*



Name
in
Full

Mrs Margaret - Medman

CERTIFICATE OF DEATH

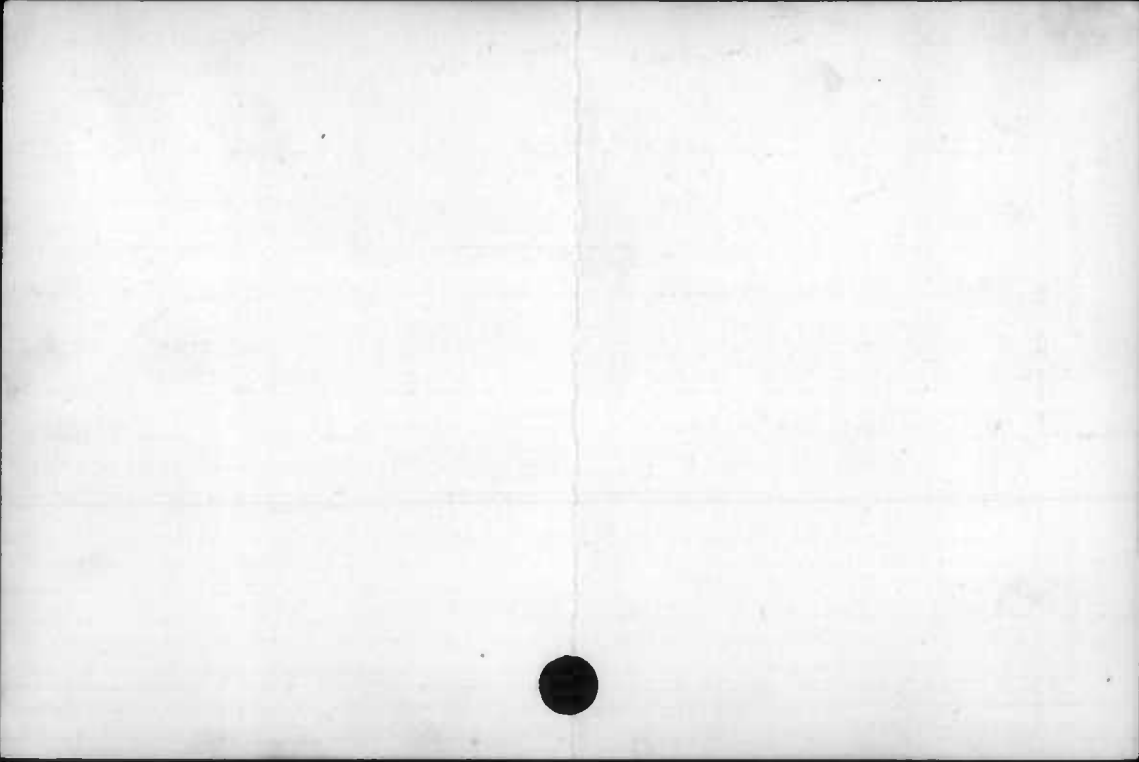
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sudburyville</i> Town		<i>Juniata</i> County		MARYLAND	
Date of death <i>1910</i>	Month <i>3</i>	Day <i>11</i>	Age <i>65</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>Sudburyville</i>			
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single		Name of Wife or Husband <i>Leonard Medman</i>			
Father's Name <i>John Herman</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Dora Herman</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Christopher Medman</i>		How related to deceased <i>Son in Law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grip</i>	<i>(10)</i>	How long <i>one week</i>
Immediate <i>Pneumonia</i>		How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. S. S. S.</i>	
	Address <i>Sudburyville</i>	
Accident or Suicide? <i>No</i>	<i>No</i>	



Name
in
Full

Lydia M. Knight

CERTIFICATE OF DEATH

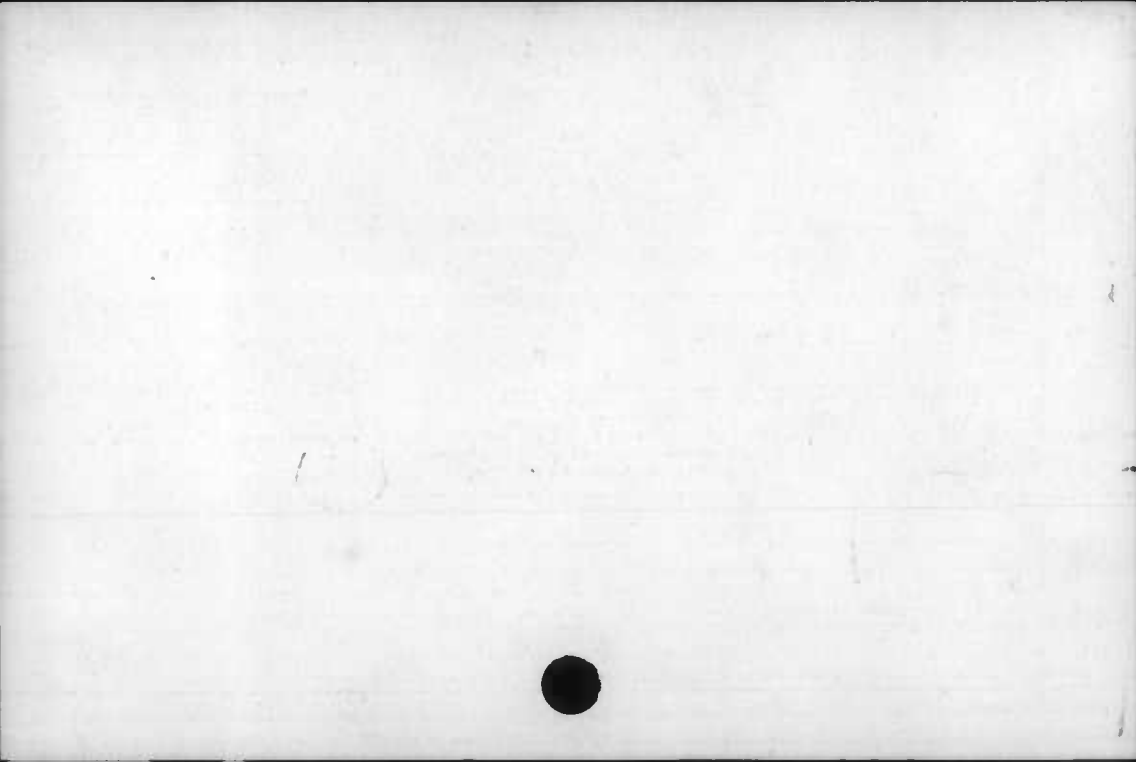
Died at <i>Currisville</i> ^{Town}		<i>Quinn</i> ^{County}		MARYLAND	
Date of death	<i>1900</i>	Month <i>3</i>	Day <i>21</i>	Age <i>2</i>	Years <i>2</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Currisville</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Currisville</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Lancey Knight</i>	Father's Birthplace <i>Currisville Md</i>				
Mother's Maiden Name <i>Mary Walker</i>	Mother's Birthplace <i>Currisville Md</i>				
Name of person giving information <i>Lancey Knight</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

8

Primary <i>Whooping Cough</i>	How long <i>4 weeks</i>
Immediate <i>Bronchopneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Lee</i>
	Address <i>Currisville Md</i>
Accident or Suicide? <i>No</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		George W. Yates				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <i>Centerville</i>		County <i>Queen Anne</i>		MARYLAND	
	Date of death	1901	Month <i>3</i>	Day <i>31</i>	Age <i>48</i>	Years <i>3</i>	Months <i>3</i>
	Sex	<i>Male</i>		Color or Race	<i>White-American</i>		Birth-place
	Occupation	<i>Carpenter</i>		Where Residing if not at place of death		<i>Near Centerville</i>	
	Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband			
	Father's Name	<i>James Yates</i>				Father's Birthplace	<i>Kent Co</i>
	Mother's Maiden Name	<i>Ethel Grant</i>				Mother's Birthplace	<i>Baltimore</i>
Name of person giving information	<i>Mrs Yates</i>				How related to deceased	<i>Brother</i>	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="display: flex; justify-content: space-between;"> <div> <p>Primary <i>Pneumonia</i></p> <p>Immediate <i>Cardiac Paralysis</i></p> <p>Are the name, age, sex, color, date and place correctly given above? <i>Yes</i></p> <p>Accident or Suicide? <i>No</i></p> </div> <div> <p><i>92</i> ✓</p> <p>How long <i>11 Days</i></p> <p>How long <i>1 Day</i></p> <p>Signature of Physician <i>[Signature]</i></p> <p>Address <i>Centerville Md</i></p> </div> </div>							

